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## \*BIBDATASHEET\*

CONFIRMATION NO. 1293

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/781,586	<b>FILING OR 371(c) DATE</b> 02/09/2001 <b>RULE</b>	<b>CLASS</b> 426	<b>GROUP ART UNIT</b> 1761	<b>ATTORNEY DOCKET NO.</b> 4403-9 D12
<b>APPLICANTS</b> Leonard S. Girsh, Palm Beach, FL;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/080,968 05/19/1998 PAT 6,197,356 which is a CIP of 09/058,469 04/10/1998 ABN and is a CIP of 09/058,430 04/10/1998 ABN which is a CIP of 08/591,503 02/02/1996 PAT 5,753,296 * which is a CIP of 08/100,905 08/03/1993 ABN (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/21/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 10				
<b>ADDRESS</b> 035811				
<b>TITLE</b> PROCESS FOR PREPARING HYPOALLERGENIC AND REDUCED FAT FOODS				
<b>FILING FEE RECEIVED</b> 2397	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	